FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90039 004 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000066317

1. Entity Name

SOUTH FLORIDA PEDIATRIC CRITICAL CARE MEDICINE ASSOCIATES, P.A.

DO NOT WRITE IN THIS SPACE

851647 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
~~11750 SW 22ND COURT~~ Suite, Apt. #, etc.		~~11750 SW 22ND COURT~~ Suite, Apt. #, etc.	
City & State: FORT LAUDERDALE FL		City & State: FORT LAUDERDALE FL	
Zip 33325	Country	Zip 33325	Country

4. FEI Number 65-1029789 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ~~JAY A. MARTUS~~
Street Address (P.O. Box Number is Not Acceptable): ~~1613 NORTH HARRISON PARKWAY~~
~~SUITE 200~~
City: ~~SUNRISE~~ FL Zip Code ~~33323~~

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHANDLER BARRY D
STREET ADDRESS	11750 SW 22ND COURT
CITY-ST-ZIP	FORT LAUDERDALE FL 33325

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] BARRY CHANDLER, PRES 4-29-02 954-838-2628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #